

# LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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R. O. COWLING, A. M., M. D., . . . . . Editor.  
H. A. COTTELL, M. D., . . . . . Managing Editor.

THE correspondent of the Cincinnati *Lancet*, in his letter published a few weeks ago, fell into several grave errors in recording his opinion of medical affairs in this city. As to the supposed decadence of the schools of this city we spoke last week—and indeed once before—and now it becomes us, we think, to correct his statements concerning the state of feeling concerning the doctors of Louisville. He has said it, and what gives it more moment it has been repeated elsewhere, that the quarrels in the profession here are so bitter as to interfere with the success of any medical convention held in this city. This is wrong on two points: There is no bitterness between members of the profession of Louisville worthy of note; and medical conventions assembling here, as a rule, are eminently successful. That the Tri-States convention was a partial failure was no fault of individual dislike, but partly because the organization itself made it so, and partly by reason of the fact that, being looked upon as a supernumerary affair, the profession generally did not see why it should meet any where. The National Association and the State Society have, we think, never had cause to complain of treatment in this city. So far as the last is concerned, it has a standing invitation to meet in Louisville whenever it feels like it, and it has already embraced the invitations a number of times.

It may not be a matter of great concern to the profession what the doctors of Louisville think of each other, but as an organ of

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the home profession, we take the space to correct a misstatement concerning the matter. It strikes us that a very friendly feeling exists between the Louisville doctors, singularly so indeed when the number of schools are taken into consideration. And now that we come to think about it, we don't remember to have noticed any particular gush of sentiment between our medical cousins in Cincinnati or New York. Certainly the Miami and Ohio Medical are not in perpetual embrace; nor is there between the University and Bellevue and the College of Physicians and Surgeons any action which would cause one to declare that they were decidedly spoony.

IN common with all the profession of the country were we pained at the severe illness of Marion Sims, and sincerely trust that the convalescence which is announced will be steady and swift. The balmy airs of Florida which, it is said, he will now seek, were never invoked to heal a better man, nor one to whom American medicine owed more.

THE Messrs. Henry Lea's Son & Co. have introduced the half-Russia binding for medical books. The new editions of Flint's Practice and of Bryant's Surgery came to us in this elegant form. The enterprise of this ancient house is exceedingly commendable. The esthetic is never out of place, and the doctor will love his companions all the better for an elegant dress. Whatever differences of opinion may exist on the present state of American medicine, the American profession has just cause to congratulate it-

self on the high stand taken by its publishers. The civilized world does not surpass these in the excellence of their work. The Leas, the Woods, the Houghtons, and the Lindsay-Blakistons add to our national fame.

### Original.

#### ANEURISM OF THE AORTA DIAGNOSED BY MEANS OF THE LARYNGOSCOPE.

BY C. E. BEAN, M.D.

*Member of the American Laryngological Association.*

Aneurism of the aorta is not of so infrequent occurrence as to have special attention directed to it, but this case is of interest as demonstrating the value of the laryngoscope in such cases, the diagnosis being made by the use of the laryngoscope, none of the physical signs of aneurism being present.

Robert C., aged forty-two, engineer, presented himself at the throat-clinic in Jefferson Hospital on the 29th of September last, and gave the following history: In December, 1878, while running his engine an explosion of the boiler occurred, and he worked very hard in the heat and steam. He then went out into the night air and got chilled. Two days after his voice became hoarse. This gradually grew worse, until at the end of a week there was almost complete aphonia; but at no time was there any pain or soreness in the throat. Deglutition now began to be interfered with, the substance swallowed seeming to stick opposite the lower border of the manubrium sterni. Since then he had had more or less difficulty in swallowing. About a week after the explosion he began to cough, expectorating a thick, frothy mucus. Three months later he began to have a sense of fullness in the upper part of the chest, just behind the sternum. This had not grown any worse up to the time I saw him. The respiration was not materially interfered with. The cough had assumed a ringing, metallic quality, although it was occasionally of a wheezing character.

On a laryngoscopic examination I found paralysis of the left vocal band, it being in the cadaveric position; otherwise the larynx was normal. Dr. Cohen examined him next day and detected thrills below the clavicles on either side, synchronous with the pulse. These disappeared the next day after the

patient was placed in bed. There was no perceptible difference in the radial pulse of the two sides, and the heart-sounds were normal. The left pupil was considerably contracted, but this, the patient said, had been the case as long as he could remember. A diagnosis was made of aneurism of the aorta, producing paralysis of the vocal band by pressure on the left recurrent laryngeal nerve. He was prescribed one dram of the iodide of potassium daily, absolute physical rest, and restricted diet. He was examined by several experts in physical diagnosis, who denied the existence of an aneurism. The above prescription was changed a week later for a pill containing strychn. sulph. gr.  $\frac{1}{8}$ , ferri redact. gr. ij., and aloin gr.  $\frac{1}{2}$ , three times a day.

Nov. 1st. Cough began to grow much worse, and the dysphagia increased. He also complained of a shooting pain commencing just below the left nipple and extending up to the back part of his neck; worse when lying on the left side.

Nov. 7th. Complained of a similar pain of the right side, and the dysphagia was greatly increased. Was given five-grain doses of the muriate of ammonia and one-dram dose of the infusion digitalis three times a day. As he was getting no better, and the diagnosis of aneurism was still disputed, he was allowed to get up and eat any thing he wanted.

Nov. 11th. Dyspnea very much increased, and the cough more severe, with free expectoration of thick, frothy mucus; inability to sleep on account of pain. Having tried piscidia erythrina in other cases, I concluded to try it in this case, and gave one dram of the fluid extract at 9, 10, and 10:40 P.M., without causing sleep or diminution of pain, only causing profuse perspiration.

On the morning of the 13th of November was called hurriedly to see the patient, and found him gasping for breath, unconscious, face and neck very much congested. I immediately performed tracheotomy, introduced a tube and tried artificial respiration, but to no avail. The patient died in a few minutes.

From the post mortem I have the following notes: The apex of the heart corresponded to the left sixth intercostal space, one inch beyond the line of the nipple. The upper part of the anterior mediastinal space was broadened and filled with a fluctuating mass, commencing at the upper border of the pericardium and extending to the sternal notch. The heart and lungs,

with the descending aorta, were removed *en masse*. It was found that the aorta was dilated into a large sac, commencing just above the valves and involving the arch to a point beyond the left subclavian artery. The sac of the aneurism was tightly adherent on the left side of the second and third dorsal vertebrae. On removing the mass the wall of the sac was found to have disappeared at this point. The aneurism had deflected the lower portion of the trachea strongly to the right, and pressed mostly on the root of the right lung. On looking into the trachea it was seen its caliber was nearly closed by pressure. Examining the interior of the aneurismal sac, it was found that the lower tracheal rings, partly calcified, had been laid bare and eroded by the pulsation; they protruded with the aneurismal cavity. The left pneumogastric nerve was found running over the aneurism, and had been evidently much pressed upon. The right nerve was less involved. A large ante-mortem clot was discovered in the sac.

There is only one point in connection with the death of the patient that I wish to call special attention to, and that is, while death from thoracic aneurism is most frequently due to rupture of the sac, in this case there was no rupture; and certainly the pressure upon the trachea was not the immediate cause of death. I think the immediate cause of death was due to pressure upon the left pneumogastric nerve.

LOUISVILLE.

### A CASE OF VARICELLA GLOBULARIS.

BY E. KEMPF, M. D.

Flint considers varicella, or chickenpox, an affection quite insignificant, except with reference to the question as to its having pathological relation with smallpox, and to its discrimination from modified variola or varioloid. He also divides the disease into several forms, among others varicella lentiformes, varicella coniformis, and varicella globularis. He acknowledges that the discrimination of varicella from varioloid is not always easy, but always of great importance. The responsibility and anxiety connected with the following case induce me to report it.

During the prevalence of an epidemic of chickenpox, most of the cases being very mild and unnoticed, I was called to see a boy who had been laboring under a severe attack of influenza (bronchitis) for several

weeks, and who a few days since had been attacked "by some sort of pox," as the messenger expressed it. I found the boy restless, thirsty, feverish, and covered from head to foot with large globular vesicles about as large as a pea; temperature 103° F.; pulse 130; tongue coated and dry; bowels constipated. His face was swollen, eyes watery and painful, and the mucous membrane of the mouth showed traces of the vesicles upon the lips and under the tongue. The vesicles appeared first and most abundant on the face. They were not preceded by papules, were not umbilicated, but had a red base, and appeared, as smallpox papules would, first on the face, then on the body, and lastly on the arms and legs. Undoubtedly the undermined constitution of the boy predisposed him to a severe attack of the chickenpox, which was then the epidemic.

The friends and parents requested a positive diagnosis, and I gave them one of "globular chickenpox." Not being trusted, except by the parents, I and the house were shunned. This suited me very well in a sanitary point of view; and although I felt uneasy, because my reputation was at stake, I became more assured as the case progressed. The stage of eruption lasted nine days, by which time the vesicles, instead of suppurating, dried up, and the crusts, which were granular, disappeared, leaving no pitting. Before drying up the contents of the vesicles became opaline and very much like pustules. After the desiccation of the vesicles new ones would frequently appear, especially upon the arms and legs. A few bullae appeared upon the face and nose. I gave patient two grains of quinine three times daily, whisky toddy, eggnog, and a cough-mixture for the bronchitis.

Though recollecting the theory of Hebra, that the cause of variola, of varioloid, and of varicella were identical, I took the ground that the case was varicella globularis in a very severe form, for the one reason that the vesicles were not umbilicated, although the other symptoms were those of smallpox.

The case convalesced, and no other severe case came under my notice, although the brothers and sisters afterward had light attacks of chickenpox; which proved that the diagnosis I made to suit myself, and not my friends, was correct.

FERDINAND, IND.

THE plague reported from Russia is probably typhus.

## Correspondence.

### "HOW SHALL THE DOCTORS GET MORE MONEY?"

*Editors Louisville Medical News:*

There is room here for a good deal of writing, and as so many gentlemen in Kentucky are interested in a satisfactory answer to your question, I hope we shall find some good reading in the MEDICAL NEWS.

The first step toward more money is to place the money aspect of the profession on the same footing with every other business. You have credit in any business house in the city for *thirty days*, but at the end of thirty days you are expected to pay, and a bill is sent. If Mr. Marshall makes you a pair of boots he asks for the money at the end of the month. Mr. Hibbitt will sell you the groceries you need and wait till the month runs out. Sid Platt will make you half a dozen shirts and send them to you neatly folded, but asks for pay in thirty days, and *expects* it. The New York Store sends you dry goods, and McKnight sends you carpets, the butcher furnishes steaks and mutton chops, and you know exactly the amount of your account in thirty days. Mr. Winter will sell you the best suit in his house, and you are reminded in thirty days of the exact cost. The sum total of all these things is a hundred or two dollars. In the meantime you have made a hundred or two dollars, but when do you expect to get it? Certainly not till the 1st of July. How are you going to pay unless you have a bank account, and how many doctors have? You will be bankrupt at the end of the first month.

All the gentlemen from whom you have made purchases during these thirty days have had their families cared for by some medical man among your friends, and while each of them has demanded payment for services rendered, not one of them has paid his medical adviser. Then I say the dollar-and-cent aspect of the profession must be placed on a footing with any other business, and there is nothing in the nature of things which forbids it. Your service in adjusting a fracture or treating a case of pneumonia is just as important to the clothier or the carpet merchant as his overcoat or his carpet is to you. He puts in capital, and must get a per cent in order to live. Your capital, instead of gold and silver, is special education, experience, skill, and upon this capital you have just the

same right to a per cent that the merchant has. The difference between you is the readiness with which he demands his interest and the tardiness with which he pays yours.

Establish this as a rule, and I think I see "more money to the doctors."

This covers one branch of the answer to your question. I think the answer is complete when I say quit making so many doctors. Let us make them by tens instead of hundreds, by hundreds instead of thousands. This city has two hundred doctors, and yet I presume the visiting work is done by fifty or seventy-five. The other one hundred and twenty-five or one hundred and fifty might be productive workers in some other vocation rather than drones in this busy hive.

In this lessened doctor-making I think we get a glimpse of "more money to the doctors."

I hope to be entertained for weeks to come by answers from many gentlemen to your very pertinent question.

LOUISVILLE.

ONE OF THEM.

### NOTE ON A CASE OF POLYURIA SUCCESSFULLY TREATED WITH ERGOT.

*Editors Louisville Medical News:*

An Englishman thirty years old came under observation early in January of last year, suffering from diabetes insipidus of several weeks' standing. He was debilitated, pale, and anemic, complaining of excessive thirst and a constant inclination to urinate, which at night was so urgent as almost to deprive him of sleep. He was unable to assign any cause for the occurrence of these symptoms; had not recently been subjected to any severe exposure or violent muscular exertion; did not know that he had ever had malarial poisoning, and was free from venereal taint; used alcohol, but had committed no excesses for many months. When he came under treatment he was voiding from ten to twelve quarts of a pale, slightly acid urine, having a specific gravity of 1.008, in the twenty-four hours. His thirst was most inordinate, and although he made heroic efforts at self-restraint the amount of water imbibed was large. His appetite was impaired, and he suffered seriously from constipation.

The prevalence of malarial diseases in the surrounding country led to the exhibition of quinine in full doses, but no effect upon the disease followed. He was then placed upon fluid extract of ergot in half-dram doses given every four hours. At the end



of the first week the amount of urine voided in twenty-four hours had sensibly diminished. At the end of the second week the amount passed was reduced more than one half, and the thirst had almost disappeared. The same dose of ergot was given three times a day for two weeks longer, when, all the symptoms having disappeared, he was discharged.

At the date of writing this note, seven months after treatment had been suspended, at my request the man made an observation of his condition. He found that the amount of urine passed in a given twenty-four hours amounted to forty-seven ounces, and that it had a specific gravity of 1.020.

ELY McCLELLAN, M.D.,  
Major and Surgeon U. S. Army.

*Editors Louisville Medical News:*

Although but half of your former self remains for this year, you have lost none of your beauty or sweetness; you are still a spiced syrup. If you should prove half as good this year as you did last, you will still be a treasure to us country doctors.

Now, Mr. News, being possessed of an important fact in regard to the treatment of diphtheria, a disease now prevalent, I will present it to you as a New Year's gift.

Diphtheria is a constitutional disease with local manifestations. I regard it as a very important step to get rid of the patches deposited upon the fauces and mouth. To remove all of these promptly, apply with a mop saturated with turpentine. This article penetrates through the tough deposit, lifts it off, and leaves a red, shining base, that very soon gets well. Apply every two or three hours until every vestige of this dirty white deposit disappears and fails to return. I give my patients tinct. iron largely, with quinine and the best old whisky freely, with an ample supply of liquid nourishment. Husband the strength of the patient. No purgatives save as a dire necessity. I regard the turpentine worth more than all other local applications. I still use chlorate of potassium, but doubt its real value. I do not say this plan will cure every case, but I do say it is wonderfully successful. I have been using it successfully for years.

W. W. CLEAVE, M.D.

LEBANON, KY.

A UNANIMOUS request from his colleagues has prevented the withdrawal of Prof. Vulpeau from the Paris Faculty of Medicine.

## Books and Pamphlets.

WHAT TO DO FIRST IN ACCIDENTS OR POISONING. By Chas. W. Dulles, M.D., Surgical Registrar to the Hospital of the University of Pennsylvania; Surgeon to the Outdoor Department of the Presbyterian Hospital, in Philadelphia. Philadelphia: Presley Blakiston, 1012 Walnut Street. 1880.

A TREATISE ON ALBUMINURIA. By W. Howship Dickinson, M.D., Cantab., Fellow of the Royal College of Physicians; Physician to St. George's Hospital; Senior Physician to the Hospital for Sick Children; Corresponding Member of the Academy of Medicine, New York. Second edition. New York: Wm. Wood & Co., 27 Great Jones Street. 1881.

AMERICAN HEALTH PRIMERS: THE SKIN IN HEALTH AND DISEASE. By L. D. Bulkley, M.D., Attending Physician for Skin and Venereal Diseases at the New York Hospital, Out-patient Department; late Physician to the Skin Department, Demilt Dispensary, New York; etc. Philadelphia: Presley Blakiston, 1012 Walnut Street. 1880.

COMPENDIUM OF MICROSCOPICAL TECHNOLOGY: A Guide to Physicians and Students in the Use of the Microscope and in the preparation of Histological and Pathological Specimens. By Carl Seiler, M.D., late Director of the Microscopical and Biological Section of the Academy of Natural Sciences of Philadelphia; Curator of the Pathological Society; Pathologist and Microscopist to the Presbyterian Hospital; etc. Philadelphia: D. G. Brinton, South Seventh Street. 1881.

SLIGHT AILMENTS: THEIR NATURE AND TREATMENT. By Lionel S. Beale, M.B., F.R.S., Fellow of the Royal College of Physicians; Professor of the Principles and Practice of Medicine in King's College, London, and Physician to King's College Hospital; lately Professor of Pathological Anatomy, and formerly Professor of Physiology and of General and Morbid Anatomy in King's College. Philadelphia: Presley Blakiston, 1012 Walnut Street. 1880.

A MANUAL FOR THE PRACTICE OF SURGERY. By Thomas Bryant, F.R.C.S., Surgeon to and Lecturer on Surgery at Guy's Hospital; Membre Correspondant de la Société de Chirurgie de Paris. Third American, from the third revised and enlarged edition. Edited and enlarged for the use of the American student and practitioner, by J. B. Roberts, A.M., M.D., Lecturer on Anatomy and on Operative Surgery in the Philadelphia School of Anatomy; Recorder of the Philadelphia Academy of Surgery; lately Assistant Eye Surgeon to the Children's Hospital; etc. With seven hundred and thirty-five illustrations. Philadelphia: Henry C. Lea's Son & Co. 1881.

A TREATISE ON THE PRINCIPLES AND PRACTICE OF MEDICINE. Designed for the use of Practitioners and Students of Medicine. By Austin Flint, M.D., Professor of the Principles and Practice of Medicine and of Clinical Medicine in Bellevue Hospital Medical College; Fellow of the New York Academy of Medicine; Honorary Member of the Medical Societies of the States of Virginia, Rhode Island, Kentucky, and Massachusetts; Associate Fellow of the College of Physicians, Philadelphia; Honorary Fellow of the Medical Society and of the Clinical Soci-

ety of London; Corresponding Member of Academy of Medical Science in Palermo; etc. Fifth edition, revised and largely rewritten. Philadelphia: Henry C. Lea's Son & Co. 1881.

WESTERN FARMER'S ALMANAC. Fifty-fourth issue. Louisville, Ky.: John P. Morton & Co. Price, 10 cts.

The Western Farmer's Almanac is the very best of its class. It contains, besides the calendar, a lot of useful and agreeable information that will make it welcome in every household. The present number contains, among other matters, A Farm Ballad, by Carleton (decidedly the best that he ever wrote); The Sun, by Proctor; Trees for Timber, by Thos. Harper, U. S. Inspector; Silk-culture in the United States, by Prof. Riley; Hints for the Care of Farm-animals, by Prof. Law, of Cornell; etc.

## Formulary.

### TREATMENT OF CONVULSIONS IN CHILDREN.

M. Simon recommends careful exclusion of excitement and attention to the digestive organs for the purpose of preventing convulsions in nervous children (Practitioner). At the same time he gives bromide of potassium.

R Orange-flower water..... 120 grams;\*  
Bromide of potassium..... 2 "  
Cherry-laurel water..... 15 "  
Ether ..... 2 or 3 drops.

Of this mixture he administers the fourth part daily, suspending its use after four or five days. The attack itself generally follows upon indigestion. He then prescribes as a purgative enema—

R Sulphate of soda..... 10 grams;  
Senna-leaves..... 8 "  
Water ..... 150 "  
Honey of mercurialis perennis.. 30 " M.

After that he gives an emetic, if the convulsion is already past, and then a few whiffs of ether. The doctor's duty is not yet over; there are still three remedies to be tried. He prescribes first an enema, given after the bowels have been opened:

R Water ..... 100 grams;  
Musk..... 10 or 15 centigr.;  
Chloral ..... 50 centigr.;  
Yolk of egg..... one half. M.

Then a mixture as follows:

R Bromide of potassium..... 1.50 centigr.;  
Lime- or orange-flower water, 120 grams;  
Cherry-laurel water..... 15 "  
Ether..... 2 or 3 drops;  
Syrup of codeia..... 5 grams;  
Simple syrup..... 30 " M.

Sig. A coffee-spoonful every hour.

If the convulsions last till the second day, he prescribes mustard baths, repeated every three or four

\*A gram is 15.432 grains.

hours. After some hours, if urine has been passed, the attack is at an end; if not, the treatment must be continued, for the attack may recommence. A great deal of urine is passed at the end of a nervous attack. If it is not all ended, put a blister on the nape of the neck for no longer than three hours. Envelop the lower limbs in cotton wool, and cover them with a large stocking.—*La France Médicale*.

### APPLICATION FOR THE CHRONIC PAINS OF SUBACUTE GOUT OR RHEUMATISM.

Dr. Lenoble, of Esternay (Marne), has used the following unguent in a case of subacute gout. He has also found it useful in his own case when suffering on the eighth day from acute articular rheumatism:

R Finely-powdered gamboge.... }  
Myrrh..... } aa 10 grams;  
Canella ..... }  
Salicylate of soda..... }  
Essence of turpentine..... q. s.

To be of a fluid consistency.

Three applications should be made daily by rubbing in the preparation briskly, and afterward covering the affected joints with wadding. The same formula will serve neuralgia, recent or of old standing, after the first days of the acute attack have passed.—*Bouchut's Compend. de thérapeut. franc. et étrang.*, 1880; *Practitioner*.

## Miscellany.

BETTER TIMES.—We don't think that our readers, in the fresh start with the new year, can take better stirrup-cups than a draught from this philosophy of the American Practitioner:

"T is ever and ever thus from childhood's interesting yet not wholly happy hour. There is never the end of an Old year but comes the beginning of a New one.

The gentlest of readers need not be startled by this seeming paradox, because it is, although very far from gay, not without a certain wisdom of its own, and is assuredly truthful.

The years come and go. The world grows older, and so do we; always a few pains the more in the back, which indeed are to be endured only through the composure, the courage, and the grace of a good manhood—and not easily so borne; cares always multiplying about the heart. The heart! what a little world it is! how populous! how complex! What wars it has, what loves, what hates, what griefs! It is as a Nation which begins a Republic, to end in a Despotism preceding chaos and utter oblivion.

*Delenda est Carthago*, or words to that

effect; all must perish, but chiefly those who do not look to science, who do not love her, fear her, rely upon her, and pay her a fair day's wages for a fair day's work. Science! she is the only progress. She never sleeps. She never stops. Like the sun, she "renews her light forever." Like a Government-bond, science, unwearied and unwearying—although not, like the Government-bond, untaxed—is toiling for each and all of us, to lighten the load of ignorance that presses us down, down; to subtract the groans from the pains, to multiply the blessings, and, in short, to reduce the algebraic problems of death and disease to a tangible, simple single rule of three: Discretion+Understanding+Knowledge=the Ends of Life! But here science, pursuing the doctrine that God helps those who help themselves, says to man, "I can show you how to be healthy, wealthy, and wise; but you alone can teach yourself how to be happy;" wherein comes our observation about the heart—which "observation," as Cuttle (or was it Cuttle?) would say, "lays in the application on 't.'" In truth, the heart, as far as science goes, is almost as mysterious as the soul, which is a perfect mystery. Wherefore, brethren, look ye each to his own heart, albeit not downward, *sursam corda!*

The years go on and on and ever on, and death and taxes and unpaid doctors' bills accumulate. But it is worse than folly to cry, and sometimes things are too tragic to laugh at. The middle course is safest—in moderation to eat and drink, and, if not merry, to be content; for next year will be sure to right the wrongs of this, if we have only the wit to forget them. The present is with us; the future is with God. Life's troubles come never too late, and sorrow is one of the penalties of anticipating sorrow. The Old Year is gone. Here stands the New Year, all bridled and saddled, at the door. Brother, his name shall be "Better Times" if you will it so. Mount, and a happy ride to you!

"If to hope overmuch be an error,  
'T is one that the wise have preferred;  
For how often have hearts been in terror  
Of evils that never occurred?"

"Have faith, and thy faith shall sustain thee;  
Permit not suspicion or care  
With invisible bonds to enchain thee;  
But bear what God gives thee to bear.  
By His Spirit supported and gladdened,  
Be ne'er by forebodings deterred;  
But think how oft hearts have been saddened  
By fear of what never occurred."

"Let tomorrow take care of tomorrow;  
Short and dark as our life may appear  
We make it the darker by sorrow—  
Still shorter by folly and fear.  
Half our troubles are half our invention,  
And often from blessings conferred  
Have we shrunk in our wild apprehension  
Of troubles that never occurred."

SEWAGE AND TYPHOID.—It would be hard to find a better illustration of the doctrines which we have elsewhere endeavored to enforce with regard to the origin of typhoid than that afforded by the following extract from the Times of December 24th (Med. Times and Gazette): "At the Mansion House, on the 23d ult., Mr. John Lynn, a refreshment and oyster-shop keeper, of 70 Fleet Street, was summoned before Alderman Sir William Anderson Rose for keeping in his shop a well used for domestic purposes, the water of which was polluted and unfit for use. Mr. Edgar Baylis, solicitor, appeared for the city commissioners of sewers, and stated that these proceedings were taken under the sanitary law amendment act. The well had been the subject of numerous complaints for some time past. As long ago as the month of June last the defendant had been warned by the authorities, and he then signed an undertaking, in consideration of which the authorities took no further steps against him, that the well-water should for the future not be used for either drinking or cooking purposes, and that the pump should be fastened by a chain and padlock during the hours he was licensed to carry on business. Since then, however, Dr. Sedgwick Saunders, the medical officer of health for the city of London, had visited the premises and found the pump unchained and in use. The water was analyzed and found to contain sewage-matter, which rendered it totally unfit for use. The object of these proceedings being taken was to get the court to issue an order for the pump and well to be permanently closed. The defendant stated that his father sank the well in 1826, and it had been in use since he was twenty years old. For the last nine months it had not been used for drinking or cooking purposes, but it was very useful for cleansing the shop. He gave his word that the water had not been drunk since June last, neither had it been used for cooking purposes. Sir William Rose said he was bound to believe the evidence of the medical officer. It did not appear to him that the defendant had any adequate reason for keeping the pump open. He must therefore make an order directing

the well to be permanently closed up forthwith."

It may be well to premise that the account here given, compared with that in certain of the other papers, has been considerably softened down. But, taking the statements as given, we have here a well of the old kind sunk deep enough in Fleet Street to find water in 1826, and in use ever since—up to a recent period, at all events—for all kinds of purposes. The water has come in the course of time to be little else than diluted sewage; yet we have no history of typhoid. Were typhoid begotten of such water alone, we shudder to think of what the consequences might have been. Lynn's is one of the oldest of the oyster-shops in London, and one of the very few which still maintain their pristine character. The *clientèle* is large and specially select, for it is much patronized by the barristers, solicitors, and men of letters who throng the vicinity. Any special outbreak among such a class could hardly have been overlooked. None has ever been recorded. But evidently all the conditions for generating an epidemic were here to hand, with one exception; that is, impregnation with typhoid discharges. But it is this very risk of specific contamination which should, as we have said, be carefully avoided. Where sewage can go, typhoid germs can go. The risk of both should be cut off at once by *filling up*, not merely by *closing*, this and such like water-sources.

**INFANTILE DIARRHEA.**—In his interesting report for Brighton Dr. Taafe makes some special remarks on this subject (*British Med. Journal*). The total deaths from diarrhea amounted to one hundred and sixteen, and of these eighty-eight were of children under one year and eighteen under five years. Of ninety-one children who died from diarrhea, nineteen only were nursed by the mother. Of eighty-eight under one year, sixty-six were fed by the bottle—thirteen of these on condensed milk; three on the same with farinaceous food; one, milk and tea-biscuits; one, cow's milk, Nestle's food, and arrow-root; one, baked flour and milk; one, baked flour and water; one, Ridge's food; one, bread and arrow-root; one, mother's milk and Ridge's food; one, the same and biscuits. From a similar inquiry as to feeding made in 1875 Dr. Taafe learned that of sixty-one children dying from diarrhea eleven only were nursed by the mother, and in several of these the nursing had been prolonged to between one and two years.

"From these facts it may be deduced that improper feeding and nursing are among the principal causes of infantile mortality from diarrhea. . . . But improper feeding does not give the whole explanation, for it goes on through the year, and it is principally in summer an epidemic of diarrhea occurs. Why is this? The only explanation I can at present offer is, that the bowels and stomach are in a state of subacute congestion for months previously; and climacteric and other epidemic influences, whatever these may be, act secondarily in determining the advent of the disease. An additional cause is want of attention to ventilation, so that the air becomes foul." To spread knowledge of this kind among the public is of the highest importance, and not the least of benefits to be expected from the appointment of officers of health.

**DEATH OF PROF. JULIUS VOGEL.**—Prof. Julius Vogel, the father of the medical faculty at Halle, died in that city on November 7th, in consequence of a rupture of the heart. He was born in June, 1814, and two years after taking his degree at Göttingen he was made an extraordinary professor in that university. In 1846 he was made an ordinary professor at Giessen, and nine years later he was selected as director of the medical clinic and professor of special pathology and therapeutics at Halle. Both these posts he had eventually to give up on account of bad health. . . . Of late years he was chiefly engaged with popular works, the best known of which is his description of the Banting cure in his work on Corpulence, which has reached its eleventh edition.—*Med. Times and Gazette*.

**SMALLPOX IN ENGLAND.**—In order to deal with the prevailing epidemic of smallpox, the managers of the Metropolitan Asylums Board held a special meeting last week, when a return was read showing that the number of smallpox cases in Deptford had increased week by week during the preceding six weeks from twelve to one hundred and thirty-two, in Homerton from ninety to one hundred and ten (after forty convalescents had been removed to Fulham), at Stockwell from thirteen to eighty-seven, at Fulham from three to forty-four—being an increase from one hundred and fifteen to three hundred and seventy-three. The beds still available are two hundred and sixty in number, but they are most of them remote from the center of the prevailing epidemic.—*Ibid*.



**A CARELESS BOTTLE-WASHER.**—A terrible example of poisoning by misadventure has occurred at Tournai, in Belgium, where four persons, having purchased some sulphate of magnesia, died a few minutes after swallowing the dose (*Presse Méd. Belge*). The expert, upon examining forty packets of this article in the shop of the *pharmacien*, found that eight of them contained strychnia in highly poisonous quantities. On examining the bottle whence the sulphate was taken, strychnia was found adhering to its sides, especially toward the bottom. The *pharmacien* declared himself utterly unable to account for the occurrence.—*Ibid.*

**CHIAN TURPENTINE IN CANCER OF THE UTERUS.**—Referring to my own experience (and it is abundantly confirmed by the published statements of other practitioners, as well as by numerous private communications in my possession), Chian turpentine in cancer of the uterus does relieve pain in the majority of instances. Hemorrhage is arrested. In some cases there is a marked diminution of the cancerous mass, and in others there is an apparent entire disappearance of it, as well as a marked improvement of the general health. In nearly all the cases which I have had under treatment for some time there has been a notable absence of glandular and secondary complications. Two of the cases, originally reported in *The Lancet*, which came under treatment respectively fourteen and thirteen months ago, are known to be still living, and in them there is no sign of a return of the disease, although one of the patients suffers from a difficulty in defecation from a stricture of the rectum; and a large number of cases have been under treatment at the Queen's Hospital during the past eight months which fully justify the previous observations as to the relief from hemorrhage, etc., by the administration of Chian turpentine. . . .

I think I am justified in coming to the conclusion that Chian turpentine is far from being "useless" in the treatment of cancer, and that as no other drug administered internally has hitherto been equally efficacious in relieving pain, arresting hemorrhage, and causing the disappearance of the growth—thus showing that it does "touch" the disease—it is the duty of the profession to ascertain and determine its properties thoroughly by beginning the treatment early and continuing it patiently, and to record the results; for I am fully convinced—leaving the ultimate results out of the question, as time

can alone determine them—that, if only for affording relief, the Chian turpentine is of inestimable value in the treatment of many cases of cancer.—*John Clay, M.D., in London Lancet.*

**THE MEDICAL NEWS.**—Dr. L. P. Yandell has been compelled by press of professional duties to retire from the position of associate editor of that model journal, the LOUISVILLE MEDICAL NEWS. In common with the press of the country the *Argus* regrets this fact. Together with Dr. Cowling he has made the NEWS a perfect daisy in the journalistic field. It is the one scientific journal coming to us whose editorials we always read, and we are not glad to give Dr. Yandell up.—*Sunday Argus.*

**DR. ALFRED SHEEN'S** operation for fistula is as follows: A sharp-pointed bistoury is pushed gently through the fistula on to the finger inserted in the rectum, and then brought down. He prefers this mode of operating to any other, as being the simplest. There need be no fear of wounding one's own finger if ordinary care is exercised.—*London Lancet.*

## Selections.

**No Purgatives in Tetanus.**—Mr. Alfred Boon, F.R.C.S., says (Practitioner):

The first few cases of tetanus treated by me in the West Indies had their full share of calomel and jalap and croton oil, and so on. They all died. About this time I looked carefully through the notes of a great number of cases of tetanus, and I observed that in many cases the patient had been doing very well till it had occurred to the surgeon that his bowels wanted opening, whereupon a dose of some powerful purgative, followed so frequently as to be more than a mere coincidence by an exacerbation of all the symptoms often speedily ending in death. Coupling this with my own experience, I came to the conclusion that this traditional treatment was altogether a mistake. Since then I have treated many cases of tetanus without purgatives, and have had the satisfaction of seeing a large proportion of them recover. . . .

Not many years ago it was proposed, and actually carried into practice, that the whole of the patient's spine should be blistered; and I believe that one or two patients actually recovered in spite of this treatment. Probably nowadays no one would venture to propose the rubbing in of croton-oil liniment into the back of a tetanic patient; yet there is no hesitation in applying the same irritating substance to the patient's gastric and intestinal mucous membrane, and setting up an irritation which can not but be hurtful to the patient's chances of recovery. It seems to me that of the two evils the constipated bowels are by far to be preferred.

If violent purgatives may do so much harm, the question arises whether we should entirely exclude the use of purgatives from our treatment. I am satisfied that in a large proportion of cases the bowels will act of themselves if left alone, and if no preparation of opium be given. The treatment which I have advocated in this journal and elsewhere consists of the exhibition of large doses of chloral and Indian hemp. With this I have rarely had occasion to order purgatives, and to this, in some measure, is probably due its success in my hands. No doubt, however, it is occasionally necessary to open the patient's bowels. He is restless, and complains of abdominal distress, quite distinct from the epigastric pain peculiar to tetanus, and a desire to go to stool without being able to pass any feces. Under these circumstances only do I consider the administration of laxatives justifiable in acute tetanus. The only one I have prescribed in such cases, and can therefore recommend, is castor oil, in dram doses, at pretty frequent intervals. It acts without producing abdominal irritation, or any general disturbance of the system. It is well to add a few minims of tincture of hyoscyamus to each dose.

With regard to the use of enemata: for obvious reasons they are calculated to do more harm than good, and should be ordered only under very exceptional circumstances, if at all.

**Dr. E. D. Dickson on the Plague in Russia of 1878-79.**—In Prischib there occurred sixteen cases of plague, all of them fatal. Dr. Cabiadis classes them in three groups (*Med. Times and Gazette*):

**First Group:** Arina Effrimoff, a woman twenty years of age, native of Vetlanka, but living with her husband in Prischib, went to see her relatives in Vetlanka upon the occasion of the death of her aunt, named Matrona. She staid at Vetlanka from November 30th until December 3d. On returning to Prischib she fell ill on the 5th and died on the 11th of that month. Through fear of catching the disease no one could be found to bury the body; her husband was therefore obliged to perform this painful duty himself, assisted by his younger brother, named Nicola. This family consisted of nine persons, eight of whom died. Four fell ill on the 14th, one of them dying on the 16th, and the other three on the 17th; on the 19th another fell ill, and died on the 21st; on the 20th two more of the family fell ill—one died on the 23d and the other on the 24th. Thus within thirteen days all the members of this family perished except an old woman named Russanova, who ran away.

**Second Group:** This group consists of four women, three of them Sisters of Mercy and the other was their servant. All of them died of the plague. The sisters of mercy went to Vetlanka during the epidemic for the purpose of reading prayers over the dead. They remained there six days, and returned to Prischib on December 8th. Upon the 12th all of them fell ill at the same time; one died on the 15th, two died on the 16th, and the fourth died on the 18th of that month.

**Third Group:** This consisted of four strong and healthy men, chosen by lot to perform the duty of burying the dead. They lived close to the abode of the aforementioned Sisters of Mercy. One of them, named Ivan Petroff, seeing that one of the sisters (Poliakova) was ill and had nobody to attend on her, went to her on the 15th, fell ill on the 18th, died on the 19th, and was buried by his companions. One

of these was taken ill on the 20th and died on the 23d; the two others fell ill on the 22d, and died on the 24th of December.

The plague therefore lasted in Prischib from December 5th to 24th, and destroyed sixteen persons. The symptoms manifested by them were tremor, constipation of the bowels, bilious vomiting, coma, heat of the head; in some cases high fever, cough, and headache, and in one case vomiting of blood. The bodies of the Sisters of Mercy and of their servant turned black.

On inquiry being made by Dr. Cabiadis, whether buboes had been noticed upon any of these cases, he was told that the patients were too ill to call attention to this indication, had it existed, and no one dared handle their persons from fear of catching the malady.

**The Treatment of Gonorrhea.**—Mr. W. Watson Cheyne, Assistant Surgeon to King's College Hospital, has carried out a series of experiments in the treatment of gonorrhea which are worthy of being extensively known. It has been demonstrated by Neisser that organisms are present in great abundance in gonorrheal pus, and Mr. Cheyne has verified the observations by inoculating cucumber infusions with some of the discharge. Acting upon the known effects of certain antiseptic materials, he decided to adopt iodoform and oil of eucalyptus. In order to bring them into certain contact with the suppurating surface, he had bougies made of these materials and cacao butter. The formula is five grains of iodoform, ten minims of oil of eucalyptus, and thirty-five grains of cacao butter. The bougie is introduced into the urethra, and a strap and pad over and around the orifice retains the bougie there until it is dissolved. After this an injection of boracic lotion (saturated aqueous solution of boracic acid) or an emulsion of eucalyptus oil (one ounce of eucalyptus oil, one ounce of gum acacia, water to forty or twenty ounces) to be used for two or three days. At the end of that time injections of sulphate of zinc, two grains to the ounce, may be begun. For a day or two the purulent discharge continues, but afterward it steadily diminishes in amount, becoming in four or five days mucous, and ceasing altogether in a week or ten days.—*British Medical Journal*.

**Dr. Burnet on Flatulent Distention of the Colon.**—Here I would notice in passing the remarkable association that there is of mental depression with affections of the lower bowel. Whether the relation is sufficiently close to warrant its receiving the name of "colonic melancholia" I am not prepared to say, but I think it can not be denied that the depression of spirits which accompanies disorders and diseases of the colon and of the rectum is out of all proportion to the extent of the mischief. A recent writer on constipation, speaking of the effects of that condition on the nervous system, looks upon it as the result of blood-poisoning from absorption of some part of the fecal matter, and no doubt this takes place in cases of long-standing constipation; but from cases of the nature of those I am now considering, it is evident that a further element is involved. Why is a patient with flatulent distention of the colon utterly dejected, while one with lumbago is howling every time he moves, and then laughing at himself for crying out? That there is an intimate connection between the state of the bowel and the state of the mind I feel sure, but am unable to offer any satisfactory explanation of the fact.—*London Lancet*.

### A Case of Villous Growth of Male Bladder Successfully Removed by Perineal Incision.—

Mr. Davies-Colley read a paper before the Clinical Society, of London, on a case of villous growth of the male bladder successfully removed by perineal incision. Henry W., aged thirty-two, a shipwright, had suffered from hematuria for eight years. At first blood was passed only occasionally and in small quantities. Latterly the flow had increased, and he had been so weak that for sixteen months he had been unable to work. He was admitted into Guy's Hospital last March. His family history was good. He was strongly built and fairly nourished, but very anemic. There was a continual desire to micturate, and a feeling as if something always remained behind in the bladder. Blood was passed sometimes at the beginning, sometimes at the end, of micturition. No stone could be detected, and all efforts to find villous masses in the urine failed. No tumor could be felt per rectum. April 16th he was placed under ether. Mr. Davies-Colley then opened the bladder by the usual incision for lateral lithotomy. At first nothing could be felt. Then a slight projection was made out on the left side of the fundus, and a cord-like process running from it. In a short time the free end of this process, with a soft pinkish tuft of villi attached to it, was seen at the deeper part of the wound. This was seized with the forceps, drawn out, and the pedicle cut with scissors close to the wall of the bladder. No other growth could be felt. There was but little hemorrhage during the operation, and some which occurred in the evening was readily arrested by the injection of iced water into the bladder. He made a rapid recovery. In two weeks the urine ceased to flow from the perineum, and soon afterward the wound healed. . . . In this patient the diagnosis depended solely upon the long continuance of the bleeding and the absence of other causes. Perhaps the fact of blood passing sometimes at the beginning, at other times at the end, of micturition may assist in the detection of a growth. No doubt the villi were in this case sometimes washed into the prostatic part of the urethra, where they were squeezed, so as to give rise to a flow of blood before the urine; while at other times hemorrhage into the bladder was set up by the pressure of its muscular walls upon that part of the growth which lay in its interior.—*Med. Times and Gazette.*

**Abscess of the Cerebellum.**—By W. A. Berridge, M.R.C.S., L.S.A. This very interesting case is from the London Lancet:

A. D., aged seventeen, had suffered from time to time since he was two years old from "gatherings in his head," which "broke" and "smelled very bad." He went to school when five years old, but never got on well. The schoolmaster said "he was stupid and would not learn." Still he learned his letters, and could hold his own in play with other boys. He had no particular illness, never had scarlet fever, and had no signs of congenital syphilis, but often suffered from headaches and the aforesaid "gatherings."

When first seen (August, 1879) he was tall, pale, and rather thin. He spoke as I have noticed patients with organic cerebral mischief generally do, his words beginning with a "jerk" and ending with a drawl; or, in other words, the first part of a word being sharp and rather acute, the latter part grave and always prolonged. His mother said, "I have sent for you because he has a cold in his head, and

can not smell." On further inquiry, "he had headaches, occasional retchings, and felt giddy;" but he could not describe his "giddiness." He had no "reel." He ate ravenously. Urine 1.015, acid, no albumen, no sugar. Temperature normal. He had no paralysis. Pupils dilated but responded to light.

On examination with the ophthalmoscope, "the edges of both disks were rather indistinct, but there was nothing definite. After some treatment he improved, and was lost sight of for several weeks. When seen again (December, 1879) his smell had returned, but he had lost his sight; he was quite blind. The edges of the disks were now quite obscured, the vessels partly covered by exudation; that is to say, he had well-marked double optic neuritis. He vomited frequently, and complained of intense pain at the back of his head. He had now the three cardinal symptoms—headache, vomiting, and double optic neuritis; he had also a long history of ear-discharge; so there was no difficulty in saying he had an abscess in his brain, and that he would die, most likely suddenly.

He died quite suddenly on March 12, 1880. Next day I opened the head. The convolutions were pale and somewhat flattened. Nothing was noticed until slicing the cerebellum. There was a large abscess involving nearly the whole of the right lobe of the cerebellum, and containing about three ounces of "laudable pus."

**The "trained nurse"**—that is, the woman trained to nursing as a specialty—is an anomaly (London Lancet). Every scrap of information she possesses beyond the mere routine service of sick-tending is not merely useless, but mischievous. It is almost sure to be brought to bear on the patient, to the injury of the case, and the disadvantage of the medical attendant. A trained nurse is a half-educated woman, who has acquired just enough knowledge to make her dangerous. The sick person is regaled with reminiscences of other "cases" attended by the trained nurse, with this or that physician or surgeon. She is the chief and prominent figure in the pictures painted for the edification of the patient and the friends. The "doctor" occupies a subordinate place, and is changeable. Sometimes it is one and sometimes another practitioner, and the nurse does not scruple to state her preference, which is generally for the medical attendant who most defers to her judgment, and leaves the patient practically in her hands. She has no scruple in forming an "opinion" of the case, and little, if any, hesitation in expressing it. In reply to the very natural question, "What do you think, nurse?" she delivers her dictum as a skilled authority, and both patient and friends are much impressed by what she has to say on the subject. Not a few of these intruders into the sick-chamber employ their own methods and even administer their own remedies. The sick are wholly at their mercy. They are trusted and obeyed because they are "trained nurses." The medical profession is keeping up and extending this evil by recognizing the trained nurse. The policy adopted is opposed alike to the best interests of the sick and of the profession. If practitioners either lack the knowledge or the inclination to give personal and explicit directions for the "nursing" of their cases, they must at least understand that by intrusting the duty to trained nurses, they are jeopardizing the lives or the health of the patients who confide in them, and sacrificing their proper professional influence.

**Gout.**—"An attack of gout," says Sir Henry Holland, "consists in, or tends to produce, the removal of this matter [uric acid] from the circulation, either by deposits in the parts affected, by the excretions, or in some other less obvious way through the train of actions forming the paroxysm of the disorder" (Geo. Budd, jr., in Brit. Med. Jour.). And that less obvious way is now discovered to us; for we find that fibrous tissues are truly centers of elimination, and that in them lie the entrances to the eliminative lymphatic system. And, further, Chrzonszczewsky found, in his observations upon the peritoneal cavity of fowls whose ureters had been tied some hours before death, that the connective-tissue-corpuses and the lymph-vessels springing from them were filled with a finely granular mass of urates. It is, then, I think, a fact proved to demonstration, that, following the law of compensation to which all organs in the body conform, the eliminative lymphatic system takes on excited action when the kidneys fail in excretion of urates; and that urates accumulate in connective-tissue-corpuses, which are the portals to the lymphatic system.

In gouty subjects, the kidneys are very generally granular and contracted; indeed, the term "gouty kidney" is sufficiently familiar to all. Moreover, Garrod has shown that, during the paroxysm, the excretion of urates by the kidneys is inefficient, and that they are present in the blood in excess.

I will add an observation to show how closely and concisely my theory is in accordance with the method which the disease adopts. The malady first affects the furthestmost articulations, and proceeds progressively toward the trunk. It chooses, preferentially, joints which have been previously injured. I have assumed that, when the kidneys fail in their due excretion of urates, the fibrous tissues throughout the body take on excited and compensatory action. But in old age, when the lymphatic system is waning, this compensation will prove inefficient; and, in regions where failure first supervenes, there will be active and attentive congestion, such as ensues locally when the kidneys or the liver fail in their functions. This will, as the lymphatic vascular system fails, first become evident in distal regions, and will follow a similar course to that pursued by senile gangrene—a disease due to inefficiency of the blood-vascular system. It will be all the more prone to appear in centers where injury has developed cicatricial tissue.

**Typhoid Fever and Defective Sewers.**—It appears that from August 28th to September 11th typhoid fever appeared in four houses in two roads, both draining into the upper part of one sewer, which was unventilated (British Med. Journal on the report of Dr. Kelly before the Worthington Local Board). In one road, where the houses were small, and in many cases dirty and damp, the sink-pipes were inside the houses, and in direct communication with the drains. Of the five cases of fever in this street, four were among very young children, and one was an adult woman. In the other road, which contains larger and more convenient houses, there were still greater defects. In two cases, the soil-pipe from the closet, which was very badly laid and jointed, came down inside the house, and then passed beneath the kitchen floor. The sink-pipes passed directly into the drain, and foul smells were often noticed in the house. In each of these houses two inmates had enteric fever. In a third house, where sewer-gas en-

tered the dwelling, all four inmates in succession had the fever. In the fourth case the soil-pipe was ventilated by a rain-water pipe, the open end of which was on a level with and close to the window of a room where two children slept. Both these children had the fever. For all these cases Dr. Kelly thinks a very heavy thunderstorm in the early morning of August 26th is responsible. Nearly an inch and a half of rain fell in rather more than an hour, and, the tide being high, the drains and sewers were rapidly filled, at a time when the outfall of the main sewer was closed by the tide. Sewer-gas would at such a time be driven backward toward the dwellings; and in those dwellings where there was no ventilation of the soil-pipes, or where the sink-pipes were in direct communication with the drain, the foul air would be carried into the houses. There were no ventilators to relieve the pressure, and the position of the houses toward the higher parts of the main sewer, of which they form two blind extremities, would cause the sewer-gas to be driven more rapidly. After September 17th the disease appeared in no fresh houses in these roads, but seven other persons fell ill who lived in the houses where the original cases broke out; so that, in all, fifteen cases occurred in seven houses, with two deaths.

**Pitting of Smallpox.**—Dr. Schwimmer advises a mask to be formed of very pliable linen cloth, leaving apertures for the eyes, nose, and mouth. The inside of this is to be smeared with one of the following liniments: 1. Carbolic acid, four to ten, olive oil, forty, and prepared chalk, sixty parts. 2. Carbolic acid, five, olive oil and pure starch, of each forty parts. 3. Thymol, two, linseed oil, forty, and chalk in powder, sixty parts. The mask should be renewed every twelve hours. Compresses impregnated with one of these mixtures may also be placed on the hands, and on any parts of the face with which the mask does not come into exact contact.—*Gaz. des Hôpitaux.*

**Chrysophanic Acid in Skin-disease.**—Dr. J. Magee Finny says (British Med. Journal): There is no doubt of the superiority of chrysophanic acid over pyrogallallic acid in the treatment of chronic psoriasis. To put the matter to the test, I have, in several instances of general psoriasis, directed one drug to be applied to one side of the patient's body, and the other to the opposite. This I conceived to be a test least liable to the fallacy to which the employment of the medications to different cases of psoriasis, or at different stages of it in the same individual, would be open. In all such test-cases, the parts where the chrysophanic acid was used invariably recovered soonest. There are, doubtless, some cases in which great care must be taken, owing to its irritating properties on delicate skins, and the edema which it may produce when applied to the head and face; but these reasons for caution do not in any way remove it from the list of the most efficient remedies for psoriasis. Where the epidemic scales are very thick, and where there is reason to believe the acid is not acting, owing to the scales not being removed by soft soap prior to inunction, I have found the happiest results follow its use, after the removal of all scales down to the corium, by rubbing in firmly to the affected places, by means of a ball of lint, a six-per-cent solution of salicylic acid in rectified spirit—a line of treatment recommended by Dr. Priessman.